

**TEXAS DEPARTMENT OF HEALTH QUALITY ASSURANCE  
TARGETED CASE MANAGEMENT FOR HIGH RISK PREGNANT WOMEN AND HIGH RISK INFANTS (PWI)  
AND  
TEXAS HEALTH STEPS MEDICAL CASE MANAGEMENT (MCM)  
ON SITE-EVALUATION REPORT**

Agency Name:

Date of Review:

Name and Title of Person(s) Conducting the Review:

Services Provided by Agency:

?? \* indicates those items for which 100% compliance required to receive a “yes” answer. All other items have an 80% compliance requirement to receive a “yes” answer. Items falling outside of the tolerance will receive a “no” answer.

?? Items not reviewed should receive an “N/R.”

?? Any item marked “no,” “N/A” or “N/R” on any tool, must be explained in comments section of that tool. Mark section letter and item number on comments section and note reason for “no” or “N/A”—if on site review tool, just make notes in comments section adjacent to that item.

REVIEW CRITERIA	YES	NO	N/A OR N/R	COMMENTS
<b>I. Case Management Provider Administrative Review</b>				
<b>A. Case Manager Credentials</b>				
Case managers meet rule requirements for licensure, education and experience as evidenced by examination of employee personnel files.				
1. Licensure.*				
2. Proof of required experience.*				

REVIEW CRITERIA	YES	NO	N/A OR N/R	COMMENTS
3. (MCM) Proof of education.*				
4. Certificate of Attendance for TDH required training dated after January 1, 2002.*				
<b>B. Policies and Procedures</b>				
1. Case management rules, policies and procedures are kept current and are accessible to staff, as evidenced by:				
a. Direct review of TDH case management reference manual.				
b. Direct review of internal agency policies.				
c. Stored in location accessible to all case management staff.				
2. Case management provider has documented organizational structure as evidenced by examination of:				
a. A current organizational chart that shows the lines of authority and supervision.				
b. Documented functional job descriptions for case managers and QA staff that include required qualifications, appropriate levels of training/education, credentials and experience.				
3. Case management provider has appropriately addressed client confidentiality and storage of original and photocopied client records that are maintained by individual case managers as evidenced by examination of internal policy to include:				
a. Storage in a locked location.				
b. Confidentiality during transportation of client records.				
c. Disposal of duplicate client records.*				
4. Case management provider follows their internal policy for storing records in locked location.*				
5. The agency will ensure that staff abides with Chapter 261 and Rider 14.				
a. The agency has adopted the TDH Child Abuse Screening, Documenting and Reporting Policies into the agency's internal policies.*				

REVIEW CRITERIA	YES	NO	N/A OR N/R	COMMENTS
b. The agency has an internal policy and procedure for how it will determine, document and report instances of abuse, sexual or non-sexual, in accordance with the Texas Family Code, Chapter 261.*				
c. The agency appropriately documented and reported, according to the TDH Child Abuse Screening, Documenting and Reporting Policy, all clients who are unmarried minors under 14 years of age who are pregnant or have a confirmed sexually transmitted disease acquired in a manner other than through perinatal transmission.*				
6. Case management provider has documentation of required staff inservices on:				
a. Home visitation/safety issues.				
b. Policies and procedures for reporting abuse.*				
7. Case management provider maintains a directory of appropriate referral sources that includes names, addresses, phone numbers and a brief description of services provided as evidenced by:				
a. Examination of resource directory.				
b. Accessibility of directory to all staff.				
c. Examination of the case management provider's policy for updating the directory.				
d. Evidence that resource directory is updated, at a minimum, once a year.				
8. Civil Rights Act				
a. The agency has written non-discrimination policies and procedures established for compliance with civil rights statutes, regulations, and TDH policies.				
b. The agency has completed the <i>Self-Evaluation Checklist for Non-Discrimination Policies and Procedures</i> .				

REVIEW CRITERIA	YES	NO	N/A OR N/R	COMMENTS
c. There were no observed violations of required non-discrimination policies and procedures during the on-site visit.				
9. Limited English Proficiency				
a. The agency has written policies and procedures established to address the needs of clients with limited English proficiency (LEP) as required by Title VI of the Civil Rights Act of 1964.				
b. The agency has completed the <i>Self-Evaluation Checklist for Limited English Proficiency (LEP) Policies and Procedures</i> .				
c. There were no observed violations of required LEP policies and procedures during the on-site visit.				
10. Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act				
a. The agency has written policies and procedures established for compliance with the non-discrimination and accessibility provisions of the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973, as amended.				
b. The agency has completed <i>The Self-Evaluation Checklist for ADA/Section 504 Policies and Procedures</i> and the <i>ADA Checklist for Readily Achievable Barrier Removal</i> .				
c. There were no observed violations of required policies, procedures and practices for ADA/Section 504 during the on-site visit.				
11. Corrective Actions for Self-Evaluation Checklist				
a. The agency has identified any problems in completing the three (3) self-evaluation checklists.				

REVIEW CRITERIA	YES	NO	N/A OR N/R	COMMENTS
b. The agency has completed corrective actions to address any problem areas identified by the three (3) self-evaluation checklists.				
c. If no corrective action has been taken to address any problem areas identified by the three (3) self-evaluation checklists, the agency has developed proposed solutions and projected dates of completion for addressing any problems identified.				
12. The agency has a written plan that includes safety inspections, fire drills, emergency evacuation procedures and inspections of fire extinguishers.				
<b>C. Communication and Coordination</b>				
1. Case management provider adheres to policies regarding community communication and coordination as evidenced by:				
a. Examination of coalition meeting minutes and/or sign-in sheets documenting case manager attendance as required in policy.*				
b. Review of significant provider change forms documenting provider changes as required in policy.*				
c. Examination of minutes, documentation or photographs to reflect appropriate outreach/education.				
<b>D. Quality Assurance</b>				
1. Case management provider has a documented Quality Assurance Plan/Policy that:				
a. Integrates case management services into the provider's overall QA Plan, when appropriate.*				
b. Includes areas to be reviewed: Administrative, Facility, Service Delivery and Billing.*				

REVIEW CRITERIA	YES	NO	N/A OR N/R	COMMENTS
c. Describes the frequency and number of record reviews, billing reviews and observation of case manager/client interactions.*				
d. Includes use of TDH tools for record and billing review and observation of services.*				
e. Defines qualification of staff performing internal QA activities.*				
f. Indicates process for completion of satisfaction surveys in accordance with TDH policy.*				
g. Documents the process to identify corrective actions for QA results, which ensure findings from QA activities receive follow-up.*				
2. Case management provider has implemented QA activities as evidenced by:				
a. Completed record review tools.*				
b. Completed billing review tools.*				
c. Completed tools for observation of services. *				
d. Completed satisfaction surveys.*				
e. Documented corrective actions to address QA findings.*				
<b>II. Observation/Interview</b>				
<b>A. Case Manager Observations</b>				
Case management services are provided according to policies and procedures as evidenced by direct observation of case manager/client interactions.				
1. The case manager demonstrates appropriate rapport by:				
a. Wearing nametag.				
b. Greeting client and introduce self and observing staff.				

REVIEW CRITERIA	YES	NO	N/A OR N/R	COMMENTS
c. Maintaining confidentiality.*				
d. Explaining case management and provides client choice (when applicable).*				
2. The case manager demonstrates appropriate communication by:				
a. Communicating at client's level.				
b. Addressing language and cultural issues (when applicable).*				
c. Working with client to identify needs and address problem areas.*				
d. Using open-ended questions.				
e. Evaluating client's understanding of discussion items.				
f. Demonstrating ability to problem solve with client.				
3. The case manager provided appropriate referrals by:				
a. Giving choice of referral sources when choice is available.*				
b. Using support materials when giving information (i.e., referral forms, brochures, etc.). *				
c. Demonstrating adequate knowledge of community resources.				
d. Following up appropriately on past referrals.*				
4. The observed contact included all requirements for a billable visit.*				
5. Client/Guardian was allowed enough time to express needs and/or concerns.				
6. The observed contact was individualized to the client.*				
7. The case manager maintains confidentiality of client records during transport in accordance with agency policy.*				

REVIEW CRITERIA	YES	NO	N/A OR N/R	COMMENTS
<b>B. Client interviews</b>				
Case management services are provided according to policies and procedures as evidenced by positive answers in client interviews.				
1. The client understands what case management is.				
2. The client was offered a choice of case management providers.* (when applicable)				
3. Case management helped with needs client/family feels are important.				
4. Client/family was given referrals by the case manager that were helpful.				
5. Client/family was given choices when provided with referral sources. (when applicable)				
6. Case manager helped client/family access needed medical and other services.				
7. Client/family feels more able to access medical and other services on their own using what they have learned from their case manager.				
8. Client/family stated case manager has been available when needed.				
9. Client/family has not been billed for services.*				
10. Client/family was offered the opportunity to have a home visit (if observation is done in office setting).				
11. Client/family is aware of process to file a complaint against case manager or case management provider.				
<b>II. Record Review</b>				
<b>A. Intake</b>				



REVIEW CRITERIA	YES	NO	N/A OR N/R	COMMENTS
1. Intake is completed within 7 working days (2 working days if urgent) of referral.				
2. Intake reflects client was offered choice of case management providers.				
3. Intake reflects client assessed for individual need for services.				
4. (MCM) Intake dated and signed by case manager using appropriate credentials.				
5. (MCM) Intake reflects client appropriately meets eligibility criteria for health condition/health risk.				
6. (PWI) Intake reflects client was screened for high-risk condition.*				
7. (PWI) Intake completed, signed and dated by case manager.*				
<b>B. Family Needs Assessment (FNA)</b>				
1. FNA is completed within 7 working days (2 working days if urgent) of Intake.				
2. (MCM) Comprehensive visit occurred in the home or explanation of why home visit did not occur is documented.				
3. (PWI) FNA completed in a face-to-face contact.				
4. FNA supports client's eligibility for case management.*				
5. FNA is complete with all areas of assessment addressed.				
6. Needs identified at intake are appropriately reflected in the FNA.				
7. Documentation in FNA is individualized to the client.*				
8. Migrant Information Form is completed when required by policy.				

REVIEW CRITERIA	YES	NO	N/A OR N/R	COMMENTS
9. FNA is dated and signed by case manager using appropriate credentials.*				
<b>C. Service Plan (SP)</b>				
1. SP Completed in a face-to-face contact.*				
2. (MCM) SP was completed at time of assessment or explanation of why completed separately is documented.				
3. (PWI) The SP was completed within 7 days of the FNA.				
4. (PWI) The Intake and FNA or FNA and SP were conducted in one contact or there is a documented explanation why they were not.				
5. SP includes interventions for all needs identified in FNA.*				
6. SP includes specific action plans to meet needs identified in FNA.				
7. SP includes responsibilities for case manager and client/family.				
8. SP documentation includes specific time frames for accessing services.				
9. SP in English and client preferred language.				
10. Copy of SP provided to client/parent/guardian in preferred language.				
11. (MCM) Copy of SP forwarded to PCP or explanation documented why not to be forwarded.				
12. (MCM) Copy of SP forwarded to referral source or explanation documented why not forwarded.				
13. SP is signed and dated by Parent/Guardian/Client.*				

REVIEW CRITERIA	YES	NO	N/A OR N/R	COMMENTS
14. SP is dated and signed by case manager using appropriate credentials.*				
15. SP Addendum is completed when appropriate.				
16. SP Addendum is signed and dated by client/parent/guardian.				
17. SP Addendum is dated and signed by case manager using appropriate credentials.				
<b>D. Follow-Up/Monitoring</b>				
1. Follow-up/Monitoring documentation indicates if contact occurred face-to-face or over the telephone.				
2. Client Follow-Up/Monitoring contacts occurred according to plans on SP and Follow-Up/Monitoring forms or documentation explains why.				
3. Follow-up/Monitoring documentation continues to support eligibility for case management services.*				
4. Follow-up/Monitoring documentation reflects entire Service Plan was reviewed with client/parent/guardian.*				
5. Client Follow-Up/Monitoring visits occurred as appropriate to client needs.				
6. Follow-Up/Monitoring documentation reflects advocacy and empowerment.				
7. Follow-Up/Monitoring documentation reflects appropriate referrals.				
8. Documentation indicates the Follow-Up/Monitoring visit is individualized to client's needs.				
9. Documentation includes timeframe for next Follow-Up/Monitoring visit or indicates case will be closed.				

REVIEW CRITERIA	YES	NO	N/A OR N/R	COMMENTS
10. Follow-Up/Monitoring visit form is dated and signed by case manager using appropriate credentials.*				
<b>E. Closure</b>				
1. Closure Form is completed with all areas addressed.				
2. Closure Form is signed by parent or explanation documented why not signed.				
3. Documentation reflects all client needs have been addressed or attempted to address before closure.				
4. Documentation reflects transition to alternative case manager when appropriate or necessary referrals were provided.				
5. Documentation reflects necessary referrals were provided.				
6. (MCM) Closure Form forwarded to PCP or explanation documented why not forwarded.				
7. Closure Form signed and dated by case manager.				
<b>F. Other</b>				
1. All referrals are documented according to policy, including client choice.				
2. Release(s) of information is/are documented as required in policy.				
3. Documentation reflects compliance with ADA, LEP and civil rights requirements.				
4. Documentation reflects an evaluation for potential abuse has been made according to the agency's/provider's policy and procedure for how it will determine, document and report abuse, sexual or non-sexual, in accordance with the Texas Family Code, Chapter 261.*				

REVIEW CRITERIA	YES	NO	N/A OR N/R	COMMENTS
5. (MCM) Request for Prior Authorization is completed when appropriate.				
6. Evidence of coordination with community-based agencies when appropriate.				
7. Evidence of coordination with managed care is documented when appropriate.				
8. Need for change in case managers is documented, when applicable.				
9. Forms being utilized are the appropriate revision date.				
10. Appropriate consent for services obtained if client under 18 and not emancipated or over 18 with court appointed guardian.				
<b>G. Comparison of Client Records/Billing</b>				
1. The dates of contact(s) in the documentation match the date(s) of service billed.*				
2. The contact(s) were billed appropriately as face-to-face or telephone.*				